


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90683 040 ***150.00

DOCUMENT # P02000112589	
1. Entity Name GENESIS DIAGNOSTICS, INC.	

Principal Place of Business 8985 NE 134TH AVENUE SUITE B LADY LAKE, FL 32159	Mailing Address 1501 US HWY 441 NO. SUITE 1706 THE VILLAGES, FL 32159
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94051061



2. Principal Place of Business 1501 US HWY 441 NORTH	3. Mailing Address
Suite, Apt. #, etc. SUITE 1706	Suite, Apt. #, etc.

03312004 Chg-P CR2E034 (10/03)

City & State THE VILLAGES, FL	City & State
Zip 32159	Country USA

4. FEI Number 33-1027690	Applied For <input type="checkbox"/> Not Applicable
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5. Name and Address of Current Registered Agent KRAUCAK, NELSON 1501 US HWY 441 NO SUITE 1706 THE VILLAGES, FL 32159	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE NELSON KRAUCAK, MD.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAUCAK, NELSON 34139 PICCIOLA DRIVE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAUCAK, NELSON 11265 SE. SUNSET HARBOR RD. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, MARIVIC 34139 PICCIOLA DRIVE FRUITLAND PARK, FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILLA, MARIVIC 11265 S.E. SUNSET HARBOR RD. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: NELSON KRAUCAK MD	Date Daytime Phone #